

NH EMS Medical Control Board**MEETING MINUTES** (Approved)**May 17, 2018**

9:00AM

Richard M. Flynn Fire Academy
Classrooms 5 & 6, Dormitory Building
98 Smokey Bear Blvd., Concord, NH 03301

Quorum: 8 members required**Members present:**

Joey Scollan, Chair; Kenneth Call, John Freese, Frank Hubbell, Nicholas Larochelle, Andrew Seefeld, James Suozzi, Thomas Trimarco, and Harry Wallus **(9)**

Members absent:

Trevor Eide, Patrick Lee, Michelle Nathan, John Seidner, and Brian Sweeney **(5)**

Member excused: Joshua Morrison (birth of a new baby girl!)

NH FST&EMS Staff:

Chief of Strategy and Planning Nick Mercuri; Bureau Chief Justin Romanello; Captains Vicki Blanchard and Chip Cooper; Richard Cloutier, Gerard Christian, Joanne Lahaie, and June Connor (notes) **(8)**

Guests:

Brian Allard, Derick Aumann, John Chisholm, Ryan Donnolly, Jeff Dropkin, Jeanne Erickson, Steve Erickson, Christopher Gamache, Bruce Goldthwaite, Aaron McIntire, Andrew Merelman, Jeffrey Stewart, and Patrick Twomey **(13)**

I. Welcome

- a. Introductions / Disclosures / Membership...Meeting called to order at 9:05AM.
 - **A motion was made (Freese/Trimarco)** – *to ratify the MCB membership of Michelle Nathan, representing Region II, for a term that will expire on May 17, 2021*; passed unanimously.
 - There are now 15 members on the MCB, so the quorum equals 8.

II. Approval of the minutes

Motion made (Wallus/Suozzi) – *to approve the minutes from the March 15, 2018 MCB meeting*; passed unanimously.

Vicki Blanchard took a moment to show the members a promo video about the SIM Program.

III. Division / Committee Reports

- a. Bureau of EMS and Division updates – J. Romanello and N. Mercuri

Bureau Chief Justin Romanello:

- Online programs: Ready, Check & Inject (over 800 have done it so far); Scope of Practice modules have been released. The next NHOODLE project is either going to be RSI or Child Safety.

- EMS in the Warm Zone: Lebanon, Conway, and Exeter have taken the program and others are scheduled through August 11, 2018.
- SIM Program – Andrew Mason will start up again in July.
- National Assoc. of EMS Officials (NASEMSO) Conference – will be attended by several staff members and Dr. Scollan next week.
- EMS Week – May 20-26, 2018.
- Bureau Chief Romanello passed around a statistic sheet summarizing providers who have not renewed their licenses. **(See attachment)** He will be calling individuals who were active for over 10 years to find out why they lapsed. While 502 people did not renew, 284 of those took the test and then left the state; more new people became licensed in the state than did last year.

Chief Nick Mercuri:

- Apologies for having staff attend the NASEMSO Conference during EMS Week
- Recruitment and Retention work group: will use EMS license lapse data, mentioned above by Bureau Chief Romanello, in their work.

Legislative update:

- **HB 1430** – Where inspection fees, etc. (about \$3,000) get deposited. We wanted the money to be deposited in the Fire & EMS Fund, but it will continue to get deposited into the General Fund instead. The bill did not pass.
- **SB 370** – REPLICA EMS Compact: This bill passed the Committee of Conference after a few changes were made. There were concerns about negligence versus wanton misconduct and protecting jobs in NH. This bill will move on.
- **SB 374** – exempting our protocol version from the rule-making process. This bill passed. There will have to be a 60 day period for comment, a public hearing and approval from the CB before going to the DOS Commissioner for sign-off rather than getting involved with all of the other steps involved in the rule making process.
- **SB 456** – State Medical Director being separate from the Chair of the MCB. This bill has passed and will go into effect on July 1, 2019.
- **SB 482** – Disconnecting EMS from Health & Human Services and creating our own data sub-committee of the CB to evaluate research requests for TEMSIS data. This bill has been filed and will go on to the Governor. We are in close contact with Representative Neil Kirk who is concerned about boards deciding how PHI is used.
- **SB 552** – Who can decide where patients are transported: This bill is still in study committee and is not going anywhere.
- **HB 1684** – exempting law enforcement from having to do a federal background check in order to be licensed to administer Narcan. This bill will move forward.
- **SB 523** – CPR in schools. This bill was found to be inexpedient to legislate (ITL). The legislature is hesitant to mandate this, feeling it should be up to the schools. There were also concerns about students being able to keep up with the number of compressions.
- **SB 544** – Fire and EMS funding. We will be receiving \$130,000 from the General Fund for FY19 to cover our budget shortfall, but there is still no permanent fix.
- **SB 541** - Cancer Bill: There were many discussions about this, but the status is still in flux.

POST MEETING NOTE RE SB 541: The Committee of Conference came to an agreement and signed off on its final report for adoption.

Report from the NH Association of Fire Chiefs:

The Committee of Conference on SB 541 has come to an agreement and signed off on its final report for adoption. These are the key points:

- Maintains the presumptive clause in the original law for all regular (career), call, volunteer and retired members of a fire department

- Outlines presumptive qualifications for coverage as:
 - Service of a minimum 10 years as a firefighter
 - The firefighter "guarantee that he or she has lived a tobacco free life"
 - The employing "department follows the medical examination as outlined by the NFPA standard 1582" and that report shall constitute "as evidence that the firefighter was free of such disease at the beginning of his or her employment"
 - And the employer "voluntarily has in effect a policy that follows the FST commission curriculum requirement for best practices for use and cleaning of equipment"
 - This language was added in the Committee of Conference to ensure the local option to go around the unfunded mandate.
 - We will work on boilerplate policy language for departments.
- If a department does not follow NFPA 1582 for hiring, the firefighter does not have presumption, (NFPA Physicals have been a requirement for fulltime firefighters since 1996) but is privy to all "after action reports filed after fire incidents which demonstrate exposure to the known carcinogens as part of the claim"
- Further, all retired firefighters shall have prima facie presumption as long as a physical was requested by their department during employment.
 - This means, that those retired firefighters with cancer who did not have an NFPA 1582 physical but had "any physical examination" have presumption!
 - Retired firefighters must furnish "after action reports if no physical report can be provided."
 - All retired firefighters are covered for up to 20 years from "the effective date of the firefighter's retirement," which is consistent with the original law from 1987.

This is great progress for all firefighters across New Hampshire. Did we get every word we wanted in this bill? No. It's not perfect. However, this is a step forward which we believe circumvents Article 28-a and the 1990 NH Supreme Court ruling on Compensation Trust Funds v Flynn.

The report on SB 541 must still be adopted by both the House and Senate, then go through the Enrollment process, which can take some weeks. Once enrolled, the bill will go to the Governor's desk for approval with signature, approval without signature, or a veto. He has told us personally that he supports the legislation, so it should be signed.

Written by Paul Parisi, president of the NHAFC

- Strategic Plan: draft will soon be ready
 - Grants: We made offers to 2 full-time people; background checks are in progress.
 - Shelter Care – Chief Mercuri has spoken with Leigh Cheney from DHHS, the lead agency for this topic.
- b. Coordinating Board update
- Frank Hubbell gave the report. The CB last met on March 15, 2018.
 - Highlights of the meeting:
 - * The CB is moving toward a work group approach; topics were listed and members assigned.
 - * Attorneys were on hand to explain the rule making process and discuss concerns with the CB members.

- * The members voted in favor of replicating the language relative to the current EMS I/C licensure (Saf-C 5908.14) towards the intent of new applicants, lapsed applicants, and those who have had license action taken upon them.
 - * The members voted in favor of eliminating the word "commercial" on the equipment list as it refers to a pelvic splinting device and to move forward the draft of the Rules, as amended, to the next phase of the rule making process.
 - The next CB meeting will be held this afternoon, May 17, 2018 at 1:00PM.
 - Here is the link to the minutes for CB meetings:
<https://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>
- c. Trauma Medical Review Committee update
- Kenneth Call gave the report. The TMRC met on April 18, 2018.
 - Highlights of the meeting:
 - * Data reports continue to improve as the members and the staff work together to determine just what kind of data is needed.
 - * The pre-hospital sub-committee is working on improvements to the hospital capabilities list.
 - * The Medical Examiner's Office submitted a report on accidental deaths in 2017.
 - * Alia Hayes reported that 3 more hospitals may pursue designation, but that the main concern with hospitals right now is with behavioral health management in emergency rooms.
 - * Elliot Hospital was granted a full term State Level III designation through April 4, 2020.
 - The next meeting of the TMRC is scheduled for June 20, 2018 at 9:30AM.
 - Here is the link to the minutes for TMRC meetings:
https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html
- d. Drug Diversion meeting
- Jeff Stewart reported. After presenting the class at the Sunapee Conference, a couple of changes were made; the program is now being scripted for NHOODLE. Efforts are being made to teach it as a CREF'd course at the EMS Conference in the fall.
 - The UCDC piece will be done as a train-the-trainer for EMS Coordinators at 10AM on June 12th at the Academy.
 - The group will not meet as a task force until November, after the conference when everything will be finalized and a report completed.
 - Mr. Stewart asked the members of the MCB to let him know if they think any further additions/changes need to be made.
 - Chief Nick Mercuri and Chair Joey Scollan thanked the group for taking on such a large task.
 - Vicki Blanchard brought up the fact that the hospital pharmacists would eventually like to work on uniform way of signing out narcotics for all of the hospitals in the state. Currently, every hospital does it differently. Mr. Stewart thought this might be something the Drug Diversion sub-committee could work on.
 - Finally, Mr. Stewart spoke about how many agencies are fully involved in diversion investigations, each with its own process.

IV. Protocols

Vicki Blanchard's report:

Crush Injuries – Adult & Pediatric

New Protocol that addresses crushing injuries. There was discussion on the administration of a sodium bicarbonate infusion following the initial bolus. Blanchard is to follow up with Mike Flynn and Dr. Suozzi on the mixing and dosing instructions and add to the Extended Care portion of the protocol.

Traumatic Cardiac Arrest – Adult & Pediatric

New Protocol focusing on early ventilation and addressing possible causes rapidly and aggressively to regain spontaneous circulation.

Adrenal Insufficiency – Adult & Pediatric

Grammatical changes

Abdominal Pain

Grammatical changes

Anaphylaxis/Allergic Reaction – Adult & Pediatric

Grammatical changes

Asthma, COPS, RAD – Adult

No changes

Pediatric Respiratory Distress

No changes

Brief Resolved Unexplained Event (BRUE)

No changes

Childbirth and Newborn Care

Grammatical changes

Hyperglycemia – Adult & Pediatric

Adult fluid bolus increased from 500 mL to 1,000 mL and repeat with 500 mL, not to exceed 3 boluses.

Hyperthermia

No change

Hypoglycemia – Adult & Pediatric

Changed administer oral glucose to administer 15 – 30 gram commercially prepared glucose or equivalent (NH maple syrup).

Hypothermia – Adult & Pediatric

Grammatical changes

Nausea/Vomiting – Adult & Pediatric

Added IV route for Ondansetron to AEMT level

Newborn Resuscitation

Grammatical changes

Changed the bullet on suctioning if meconium and present to suctioning only if airway or ventilator compromise is present.

Obstetrical Emergencies

No changes

Opioid Overdose – Adult & Pediatric

New Protocol to specifically address opioid overdoses including airway management.

Pain - Adult & Pediatric

Added ibuprofen. Blanchard to work with Dr. Scollan on a dosing matrix for pediatric.

Discussed moving Nitronox to the EMT level but was decided to not move it because it is not in the National Scope of Practice.

Added IM route for hydromorphone to adult.

Added IV route for hydromorphone to pediatric

A motion was made (Suozzi/Hubbell) – to approve the protocols discussed at today's meeting, with the suggested edits from the MCB members; passed unanimously.

V. Old Business**a. Cardiac Arrest / CARES update**

John Freese reported that in July, Dartmouth will be transitioning out of their current role for the CARES project. Other options are being considered, one of which is for a state level position.

Another meeting will be held in July. Currently, there are 10 participating hospitals, so the goal for the summer is going to be to meet with other hospitals and bring them on board.

b. Poison Control and 911

- Another meeting will be held in June. 911 is utilizing Poison Control with much more frequency (37 times this past month).

- Methods of communicating more efficiently and easily are being discussed:

- * going through dispatch

- * scripted language use

- * text messaging, emailing, fax

c. Bulletin addressing 3 methods of dealing with the IV fluid shortage (This was sent out.)

Under Topics Ad Libitum, a question was asked about using warm fluids once they come off the warmer. (They can be utilized but they don't go back on the warmer.)

d. Ketamine concentration update – Board of Pharmacy

There is still a shortage. Andrew Merelman stated that there are some hospitals that are not allowing their services to carry Ketamine; he felt that because this drug takes up such a large portion of the protocols, hospitals should be encourage to carry it. **This item should be left on the agenda.**

Jim Suozzi shared a case story about how ketamine should be respected and used cautiously.

e. Shelter Care provided by EMS – N. Mercuri**f. Role of Medical Director within the MRH – Justin Romanello spoke on behalf of Nick Mercuri – meeting soon. There should be appropriate criteria, certifications, etc. **This item should be left on the agenda.******VI. New Business****a. SB 523 CPR in schools – What happened? This topic was covered in the Division report; legislative update. **Take this off the agenda for the next meeting.******b. EMS-C data collected from pre-hospital agencies – Anna Sessa (not present)****c. Pediatric dosing tools – Anna Sessa (not present)**

VII. Topics Ad Libitum

- Large vessel occlusions – Harry Wallus suggested that the MCB members should be thinking about this topic, and it should be on the agenda for future meetings.
- Stroke Workshop – Vicki Blanchard plugged this workshop, being held at the Academy tomorrow, May 18th.
- **Chair Scollan requested that Stroke be added to the agenda for the next meeting.** Gerry Christian said it could also be brought up at the next collaborative meeting to see if anyone from that group would like to speak at the MCB meeting...Sue Barnard?
- **Congratulations to Dr. Joshua Morrison on the birth of his new baby girl...born today!!**

VIII. Adjournment

Motion was made (Hubbell/Trimarco) – to adjourn at 10:30AM, passed unanimously.

Next Meeting: July 19, 2018

(Minutes written by June Connor)